BEST AVAILABLE COPY

| | | | | | | | | Application of Docket Number | | | | |
|--|--|---|------------------------------|-------------------------------|-------------------------------|------------------|----------|------------------------------|------------------------|----------------|---------------------|--|
| PATENT APPLICATION FEE DETERMINATION RECO | | | | | | | | 1 | | | 1 | |
| Effective October 1, 2000 | | | | | | | | ام ا | 9219 | 65 | 11150 | 00204 |
| CLAIMS AS FILED - PART I | | | | | | | | ALL EN | NTITY | | OTHER | THAN |
| (Column 1) (Column 2) | | | | | | | | PE [| | OR | SMALL | |
| TOTAL CLAIMS | | | 22 | | | | | RATE | FEE | | RATE | FEE |
| FOR | | | NUMBER FILED | | NUMBER EXTRA | | ВА | SIC FEE | 355.00 | OR | BASIC FEE | 710.00 |
| TOTAL CHARGEABLE CLAIMS | | | 22 minus 20= | | · 2 | | X\$ 9= | | | OR | X\$18= | 36 |
| INDEPENDENT CLAIMS | | | A minus 3 = | | 6 | | X40= | | | OR | X80= | _ |
| MU | LTIPLE DEPEN | DENT CLAIM PI | RESENT | | | | +135= | | OR | +270= | - | |
| * If the difference in column 1 is less than zero, enter "0" in column 2 | | | | | | column 2 | | OTAL | | OR | TOTAL | 746 |
| CLAIMS AS AMENDED - PART II | | | | | | | | _ | <u> </u> | | OTHER | |
| 1 | | (Column 1) | | (Column 2) (Co | | | S | SMALL ENTITY | | | SMALL | |
| AMENDMENT A | | CLAIMS REMAINING AFTER AMENDMENT | | HIGH NUM PREVIO PAID | BER OUSLY | PRESENT EXTRA | F | RATE | ADDI- TIONAL FEE | | RATE | ADDI- TIONAL FEE |
| | Total | . 22 | Minus | ** (7 | 200 | = / | 5 | (\$ 9= | | OR | X\$18= | |
| ME | Independent | . 3 | Minus | *** | 3 | = / | 7 | X40= | | OR | X80= | |
| | FIRST PRESENTATION OF MULTIPLE DEPENDENT CLA | | | | | _/□_] | | | / | | 1270 | |
| | | | | | | (| L | 135= | | OR | +270= TOTAL | |
| | • | | | | | | | TOTAL DIT. FEE | <u> </u> | OR | ADDIT. FEE | |
| | | (Column 1) | | | mn 2) HEST | (Column 3) | | | | | | |
| AMENDMENT B | | REMAINING AFTER AMENDMENT | data - and data parameter as | NUM PREVI | MBER OUSLY FOR | PRESENT EXTRA | F | RATE | ADDI- TIONAL FEE | ~ ·- · · · · · | RATE | ADDI- TIONAL FEE |
| | Total | * | Minus | ** | | = | , | K\$ 9= | · · | OR | X\$18= | |
| | Independent | * | Minus | *** | | = | | X40= | | OR | X80= | |
| lacksquare | FIRST PRESENTATION OF MULTI | | ULTIPLE DE | TIPLE DEPENDENT CL | | | - | | - | 10" | | |
| | | | | | | | Ľ | -135= | | OR | +270= | |
| | | | | | | | | TOTAL DIT. FEE | | OR | TOTAL ADDIT. FEE | |
| | (Column 1) (Column 2) (Column 3) | | | | | | | • | | | | |
| AMENDMENT C | | CLAIMS REMAINING AFTER AMENDMENT | | NUM PREV | HEST MBER IOUSLY FOR | PRESENT EXTRA | 1 | RATE | ADDI- TIONAL FEE | | RATE | ADDI- TIONAL FEE |
| | Total | † | Minus | ** | | = | , | X\$ 9= | | OR | X\$18= | |
| | Independent | * | Minus | *** | | = | | X40= | | i | X80= | |
| Ľ | FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM | | | | | | l ├─ | | | OR | | |
| +135= | | | | | | | | | | OR | +270= | |
| ** | * If the entry in column 1 is less than the entry in column 2, write "0" in column 3. ** If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, enter "20." ***If the "Highest Number Previously Paid For" IN THIS SPACE is less than 3, enter "3." ***If the "Highest Number Previously Paid For" IN THIS SPACE is less than 3, enter "3." | | | | | | | | | | | |
| | | imber Previously Pa nber Previously Pa | | | | | er found | in the ap | propriate bo | x in c | olumn 1. | |